Patient application fee Determination record GOEDILLOI Effective October 1, 2003 CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN TYPE [(Column 1) (Column 2) OR SMALL ENTITY **TOTAL CLAIMS** RATE FEE RATE FEE N BASIC FEE NUMBER FILED NUMBER EXTRA BASIC FEE 385.00 770.00 FOR OR TOTAL CHARGEABLE CLAIMS **1/4** minus 20= X\$ 9= X\$18= OR INDEPENDENT CLAIMS minus 3 = X43= X86= OR MULTIPLE DEPENDENT CLAIM PRESENT +145= +290= OR * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL TOTAL *38~* OR 107 CLAIMS AS AMENDED - PART II OTHER THAN SMALL ENTITY SMALL ENTITY OR (Column 3) Column 1) (Column 2) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT TIONAL TIONAL RATE RATE AFTER PREVIOUSLY **EXTRA** FEE MENDMENT PAID FOR EEE ESOSE Total Minus X\$18= X\$ 9= OR Minus Independent X86= X43= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +290= +145= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE Column 1) (Column 2) (Column 3) HIGHEST CLAIMS ADDI-ADDI-PRESENT REMAINING NUMBER RATE TIONAL RATE TIONAL AFTER PREVIOUSLY EXTRA FEE AMENDMENT PAID FOR FEE Minus Total XS 9= X\$18= OR Independent Minus ò X86= YA3= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +290s +145= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column: 2) (Column 3) (Calumn 1) CLAIMS HIGHEST ADDI-ADDI-U REMAINING NUMBER PRESENT TIONAL APTER PREVIOUSLY RATE RATE LAMOIT EXTRA AMENDMENT PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Independent Minus 000 X43= X86= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +280° +145= OR " If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL "If the "High at Number Proviously Pale For" IN THIS SPACE is less than 20, enter "20." ADDIT, FEE ""If the "Highest Number Pr viously Pale F ("IN THIS SPACE is less than 3, enter "3." OR ADDIT. FEE The "High at Number Previously Pald For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Application or Docket Number